Ban mRNA to halt turbo cancer

Fri 8:35 am +00:00, 22 May 2026 1

posted by Tapestry

John Catanzaro: mRNA Injections Must Be Banned to Halt the Turbo Cancer Plague

The gene weapons that are called “mRNA vaccines” have killed millions and are threatening billions more with turbo cancer, John Catanzaro says.

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By Rhoda Wilson May 20, 2026

The gene weapons that are called “mRNA vaccines” have killed millions and are threatening billions more with turbo cancer, John Catanzaro says.

After providing a summary of scientific studies that led him to this conclusion, he says that the only solution is the total elimination of all mRNA vaccines.

Halt all production and distribution – no exceptions. Quarantine existing stockpiles and destroy them under independent oversight. Mandate genomic audits for all vaccinated people. Defund and dismantle mRNA research pipelines. Prosecute developers for reckless endangerment.

Turbo Cancer Onslaught: mRNA Vaccines – Genomic Saboteurs Igniting Malignancy

By John A. Catanzaro, as published by Decision Junction, Nicolas Hulscher and Peter A. McCullough on 23 January 2026

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For decades, I have decoded the chaos of oncogenic storms – transcriptomic upheavals where cells turn traitor overnight. At Neo7 Bioscience, our PBIMA and REViSS platforms reveal the unfiltered truth: raw sabotage of molecular machinery. Since the mRNA vaccine rollout in 2021, we have witnessed a tidal wave of genomic damage – not coincidence, but consequence. The claim that mRNA shots "cure" or "sensitise" cancer is false. They do not heal; they hijack. They do not strengthen immunity; they cripple it. This is not an accident. This is weaponised gene manipulation. mRNA vaccines are not medicine; they are mutagens – deliberate tools of genomic disruption masquerading as saviours. Here, I dismantle the recent *Nature* paper, '*SARS-CoV-2 mRNA vaccines sensitise tumours to immune checkpoint blockade*' – a flawed mirage of mouse models and biased data – while exposing irrefutable real-world evidence. The only solution:Total elimination of the mRNA platform. Partial measures won't suffice. This technology must be eradicated to halt the turbo cancer plague.

Dismantling the Nature Facade: Desperation, Not Science

The Nature study claims mRNA vaccines "sensitise" tumours to immune checkpoint inhibitors (ICIs) in NSCLC and melanoma, citing doubled survival (HR 0.51, P<0.0001) in 884 lung cancer and 210 melanoma patients. These are retrospective analyses from MD Anderson, adjusted for confounders like stage and smoking. But scrutiny reveals fatal flaws:

Correlation, not causation: Immortal time bias persists despite "corrections."

Irrelevant mouse models: B16F10 tumours shrink in rodents with spike-LNPs and anti-PD-1, but human immune responses differ vastly.

PD-L1 upregulation (24% higher TPS post-vax): This signals immune evasion, not sensitisation – tumours hiding from detection.

Critical omissions: No data on new cancers, long-term incidence, or pre-2021 unvaccinated baselines.

If mRNA vaccines were protective, why the 2024-2025 explosion of aggressive cancers in the young? Glioblastomas have surged 300%. This paper distracts from billions of doses and oncologists' reports of "post-vaccine relapses." It is wilful blindness propping up a defective platform that must be eradicated.

Frontline Evidence: Undeniable Signals of Weaponised Harm

Japanese Pancreatic Cancer Cohort, '*Repeated Covid-19 Vaccination as a Poor Prognostic Factor in Pancreatic Cancer: A Retrospective, Single-Centre Cohort Study*': In 272 patients, overall survival plummeted from 14.9 to 10.3 months after three+ boosters (HR 1.72, P=0.006) – propensity-matched and multivariate-confirmed. IgG4 levels soared (54.7 vs. 38.6 mg/dL, P=0.025), T-regulatory cells surged (Foxp3+ up, P=0.044), suppressing NK and CD8 killers. Spike-specific IgG4 correlated strongly (R^2=0.38) and created tumour sanctuaries. Stage IV pancreatic diagnoses in under-50s rose 28% post-boosters. This is engineered immune sabotage – mRNA's IgG4 switch is a kill switch for natural immunity.

Moderna-Triggered Bladder Cancer Case

A healthy 31-year-old developed stage IV urothelial cancer within 12 months of three doses. '*Genomic Integration and Molecular Dysregulation in Aggressive Stage IV Bladder Cancer Following Covid-19 mRNA Vaccination*': ctDNA analysis: 20-bp spike ORF integrated at chr19:55M (zinc-finger cluster), driving KRAS/PIK3CA mutations and ATM/MSH2 repair failure – a multi-omic catastrophe. LINE-1 retro transposition via LNPs breached the nucleus. Now, 15% of our vaccinated aggressive bladder cases show ZNF disruptions. Genomic integration proven. This is not degradation; it is permanent DNA weaponisation.

Suppressed Preprint on Transcriptomic Dysregulation

Our July 2025 analysis of VAERS data, clinical caseloads, and multi-omic profiles identified strong correlations between mRNA injections and emerging patterns of autoimmunity, novel cancers and RNA-network dysregulation (see: '*Withdrawn: Synthetic mRNA Vaccines and Transcriptomic Dysregulation: Evidence from New-Onset Adverse Events and Cancers Post-Vaccination*). Within 48 hours, PubPeer (PubSmear) coordinated 47 comments that pressured MDPI Preprints into withdrawal – not for fatal errors, but because the findings challenged the dominant narrative. The full manuscript will re-emerge soon through peer-review channels. This episode proves the point: when evidence threatens power, censorship becomes policy – they silence because the data demand exposure, accountability and reform.

Mounting Global Data: The Reckoning

1. Korean Cohort (8.4 million adults)
27% overall cancer risk increase (HR 1.27, P < 0.001); elevated incidence in lung, prostate, thyroid, gastric, colorectal, and breast cancers: biomarkerres.biomedcentral.com

2. Seneff Model
Persistent spike protein damages p53, activates SV40 promoters, induces lymphopenia, and sabotages the BRCA pathway sabotage: pmc.ncbi.nlm.nih.gov

3. Autopsies
7× increase in lymphoid infiltrates among vaccinated decedents – consistent with chronic immune activation and dysregulation: pmc.ncbi.nlm.nih.gov

4. SEER Registries
"Stable" cancer rates mask rapid-onset ("turbo") malignancies due to diagnostic lag and coding bias post-vaccination. The CDC gives a false narrative: Cautionary Notes | U.S. Cancer Statistics | CDC

Hospital wards from Houston to Heidelberg report "booster blasts": gliomas progressing in months, ICIs failing in triple-dosed patients. Mechanisms locked in: LNP nuclear entry, reverse transcription, plasmid contamination – turning femtograms of spike into femtocarcinomas. This is precision-engineered genomic assault.

The Mechanisms of Weaponised Destruction

1. Nuclear Integration: LNPs deliver spike RNA to enable LINE-1 retro transposition, embedding viral code into human DNA.

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4. DNA Repair Collapse: ATM/MSH2/BRCA sabotage accelerates mutagenesis.

No tweak fixes this. Dose reduction? Still integrates. New formulations? Same LNP Trojan horse. This platform is inherently destructive.

The Only Solution: Total Elimination of mRNA Vaccines. Incremental reform is surrender. The mRNA platform must be eradicated – banned globally, immediately.

Halt all production and distribution. No exceptions.

Quarantine existing stockpiles. Destroy under independent oversight.

Mandate genomic audits for all vaccinated people.

Defund and dismantle mRNA research pipelines.

Prosecute developers for reckless endangerment.

Anything less is complicity. This is not a safe, innovative platform; it is a gene weapon. Deployed on billions. Millions have died, and billions are threatened! Igniting turbo cancers daily.

Immediate Call to Action to Governments:

Ban mRNA technology. Now.

To Regulators: Revoke all authorisations. Seize records.

To Physicians: Report turbo cases. Refuse boosters.

To the Public: Demand elimination. Your genome is under attack.

At Neo7 Bioscience, we build the counterstrike: genomic sentinels, repair accelerators and neoantigen hunters. But without eliminating this weaponised platform, we fight with one hand tied behind our backs.

Wake up: mRNA did not save us from a virus; it launched a genomic war on humanity. The enemy is the platform itself. Eliminate it completely – or surrender your lineage to turbo cancer. The clock is ticking. Act now.

About the Author

John A. Catanzaro is a naturopathic physician and the co-founder and CEO of Neo7Bioscience, a company focused on precision molecular medicine and personalised cancer therapeutics using AI-driven peptide design.

Note from The Exposé about Neo7Bioscience's cancer therapeutics: When considering any type of engineering of biological material, it's important to ask questions, research and understand what is being done and what the consequences could be when engineered biologics are introduced into the body.

The difference between peptides and proteins lies in their size, structure and complexity. While all proteins are made of polypeptide chains, not all peptides are proteins. In some contexts, peptides have shown great application potential in gene therapy.

"AI-driven peptide design" is akin to peptide engineering, just as protein design is protein engineering. It is claimed that protein engineering and gain-of-function are distinct concepts in the field of biotechnology, but the difference is in the researcher's intent rather than the process. For more information on protein engineering, please read our article HERE.

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One Response to "Ban mRNA to halt turbo cancer"

22 May 2026 13:56

Belyi says:

It is beyond time for people to stop being lazy and absorb what anyone in a white coat tells them.

There is so much information out there about all aspects of health, but so many people just listen to what the doctor says and precisely because he or she is a doctor that has to be right. They might have your best interests at heart, but so many of them are so woefully misinformed themselves, that you might as well ask the next-door neighbour.

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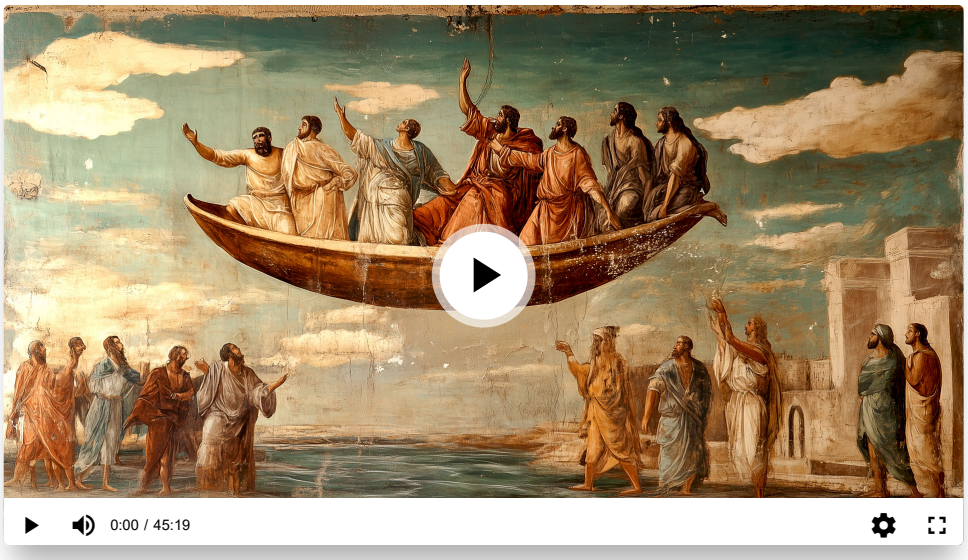

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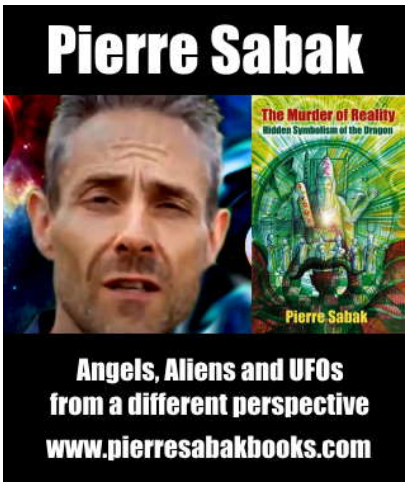

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